

Kentucky Department for Environmental Protection  
Division of Waste Management  
Underground Storage Tank Branch  
300 Sower Boulevard – Frankfort KY 40601  
(502) 564-5981

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DO NOT WRITE IN THIS SPACE

**DRAFT**

### UST Application for Assistance for SOTRA

Date Form Completed		/ /			
<b>1. UST Facility Information</b>					
Agency Interest Number (AI)					
UST Facility Name					
UST Facility Physical Address (PO Box not accepted)		Street Address:			
		City:	County:	Zip Code:	-
<b>2. Applicant Information</b>					
Applicant's Ownership or Organizational Structure (mark one)		<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership	
		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Estate / Trust	
		<input type="checkbox"/> Public Service Corporation		<input type="checkbox"/> Incorporated	
				<input type="checkbox"/> Government / Non-Profit	
Vendor Number (must be provided to process application)		A vendor number may be obtained from the Finance and Administration Cabinet by contacting the Finance Customer Resource Center at (502) 564-9641, (877) 973-4357, or by email at <a href="mailto:CRCGroup@ky.gov">CRCGroup@ky.gov</a> .			
Applicant Name (Owner)					
Applicant Mailing Address		Street Address:			
		City:	State:	Zip Code:	-
Applicant Contact Information		Phone: ( ) -	Alternate Phone: ( ) -	Fax: ( ) -	
		Email:			
Legally Authorized Representative / Agent		Phone: ( ) -	Email:		
<b>3. Information for Tanks to be Permanently Closed</b> (Attach additional pages if necessary)					
Pit Number	Tank Number	Capacity (gal)	All Substance(s) Ever Stored	Installation Date	Current Status
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				/ /	<input type="checkbox"/> Active <input type="checkbox"/> Inactive

In accordance with 401 KAR 42:330 Section 2(5), permanent closure must be performed within one (1) year from the approval date of this application.

AI \_\_\_\_\_

**4. Attachments (required)**

- ☐ 1. Written contract signed by both the applicant and the primary contractor.
- ☐ 2. Provide copies of financial documents verifying the applicant's last five (5) years average total income, or annual budget, is \$100,000 or less:
- ☐ a) For Individual, Partnership, Incorporated, Sole Proprietorship, For-Profit Public Service Corporation and an Estate/Trust, attach federal income tax returns for the last five (5) years.
- ☐ b) For the following Non-Profit Entities: Public Service Corporation, Government and all other Non-Profit entities attach annual budgets for the last five (5) years, and tax exemption documentation.
- ☐ c) For an applicant not required to file federal income tax returns attach other financial statements sufficient to document income.
- ☐ 3. Detailed site map of the facility indicating each tank pit and the areas to be impacted by the permanent closure.
- ☐ 4. Color photographs of the facility that include each tank pit area and facility features identified on the facility map and the areas to be impacted by permanent closure.

**5. Subrogation Agreement**

In consideration of, and to the extent of payment from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) in accordance with KRS 224.60-150 et seq., the undersigned \_\_\_\_\_ (*Applicant*) hereby assigns, transfers and subrogates to the cabinet all of the rights, claims, interest and rights of action, which the Applicant may have against any party, person or corporation including insurers, liable under any contract or tort theory for the cost of petroleum cleanup at \_\_\_\_\_ (*Facility*) during the period on or about \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YY) to the present. The Applicant authorizes the cabinet to sue, compromise, or settle in the Applicant's name or otherwise all such claims and to execute, sign releases and acquaintance, and endorse checks or drafts given in settlement of such claims in the name of the Applicant with the same force and effect as if the Applicant executed or endorsed them. It is the intent of the parties that the cabinet be fully substituted for the Applicant and subrogated to all the Applicant's rights to recover the amount paid from the PSTEAF.

The Applicant warrants and represents that no settlement has been made by the Applicant with any party, person or corporation against whom a claim may lie, and no release has been or will be given to anyone responsible for the cost of cleanup and that no such settlement will be made nor release given by the Applicant without the written consent of the cabinet. The Applicant covenants and agrees to cooperate fully with the cabinet in the prosecution of such claims and to procure and furnish all papers and document in the Applicant's possession necessary in such proceedings and to attend court and testify if the cabinet deems such to be necessary, but it is understood the Applicant is to be saved harmless from costs in any such proceeding brought by the cabinet.

**6. Applicant Certification**

☐ Check here if the person completing the form is the same as the applicant or authorized representative named below.

<b>Name of Person Completing Form</b>			
<b>Email</b>		<b>Phone Number</b>	(   )   -

**Signature Requirements:** If incorporated or a public service corporation, the individual signing can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form shall be signed by a principal, executive officer or ranking elected official. The power of the agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representative of the owner/operator.

**I hereby certify under penalty of law that I am the (mark one)**

- ☐ Applicant
- ☐ Legally-authorized representative or agent of the applicant (*refer to Signature Requirements above*)

AI \_\_\_\_\_

**Applicant Certification** (Continued from Section 6)

I the undersigned, first being duly sworn, state, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals responsible for obtaining the information, I certify the submitted information is true, accurate and complete. I certify that retail sale or wholesale distribution of motor fuels at eh facility will permanently cease upon permanent closure of the tanks and all known tanks at the facility are being permanently closed. In further certify that I owned the tanks for more than one (1) year prior to the date of the application for reimbursement from this account.

<b>Applicant or Authorized Representative / Agent</b>	<i>Printed</i>		<b>Title</b>	
	<i>Signature</i>		<b>Date</b>	/ /
<b>SFMO<sup>1</sup> Certified Remover</b>	<i>Printed</i>		<b>License #</b>	
	<i>Signature</i>		<b>Date</b>	/ /

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email [DEP.KORA@ky.gov](mailto:DEP.KORA@ky.gov).

<sup>1</sup> SFMO – State Fire Marshal's Office